

# SEXUAL ASSAULT/ABUSE

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# **BOTTOM LINE FIRST:**

**IF THERE IS A HINT OR QUESTION OF  
SEXUAL ASSAULT:**

**DO NOT MAKE JUDGMENTS YOU  
ARE NOT QUALIFIED TO MAKE!!**

WHY?


does this occur so frequently

There is a

very high incidence of sexual  
assault/abuse

to the people we serve

Here are **SOME** of the reasons:

- People with developmental disabilities are usually trained to “comply” with “authority figures”
  - They are not traditionally taught to defend themselves, or protect their “private” body parts or even understand about “private” body parts
  - They are taught to say “” to requests/commands
  - “Authority figures” may be anyone who is not them, such as peers with higher levels of functioning or others without disabilities

- People with developmental disabilities generally have cognitive deficits and may not understand what is happening or that it is wrong
- They may feel more “special” or “accepted” when getting special attention from people they see as “normal” or powerful
- They may interpret the attention as affection

- People with developmental disabilities many times do not understand the consequences of a sexual act, (i.e. pregnancy, disease, emotional impact, etc.) so they may not be inhibited and may become indiscriminate
- They may be non-verbal and unable to communicate adequately to others

- Persons with disabilities may be very used to receiving private body care from virtual strangers, and be used to various caregivers touching them in very intimate manners
- They may rely/depend heavily on their caregivers
- There is expanded community integration (“deinstitutionalization”) with emphasis on highest levels of independence, causing increased vulnerability to various forms of abuse and predators, while having less protections

- Predators usually pursue “weak” people; people who may not comprehend or be capable of adequately communicating, or protecting themselves, and they may be considered “easy targets”
- Persons with disabilities are more likely to be isolated from the general community (have few or no friends, family, social/community interactions) making them the target for predators who want them to keep abuse a secret



- People with disabilities competency is frequently questioned or they're assumed incompetent, therefore not a reliable witness or reporter
- Their post-abuse behavior may be discounted as part of their disability rather than an indicator that abuse has occurred

- Agencies and/or people charged with caring for this population may not recognize signs or symptoms;
  - or might not pursue adequate investigation of them
  - or may actually block necessary care and investigation as an incident may reflect poorly on them or “cause problems” for their agency
  - or may discount their reports due to being considered unreliable reporters, etc.

## WHAT SIGNS?

to watch for that might indicate possible sexual assault/abuse?

**ESTIMATES OF**  
**MORE THAN 60-75%**  
**OF SEXUAL ASSAULTS**  
**SHOW NO PHYSICAL INJURY**

# Some BEHAVIORAL INDICATORS of Sexual Assault: (MOST common)

## #1 - CHANGES in behavior

(most frequent and most important to watch for)

# OTHER SPECIFIC BEHAVIORAL CHANGES which might occur:

- Post Traumatic Stress Disorder (PTSD)
- Fear, anxiety, mistrust
- Shame, humiliation
- Unusually upset when bathed, toileted, changed, or receiving other personal care
- Refusing to shower or constant showering
- Ambivalence or other change of behavior/attitude toward person alleged to have caused harm



- Withdrawal from family or friends
- Desire to be alone or not be alone
- Acting excessively compliant
- Flinching at movements
- Being frightened of opposite/same gender or with other similarities to perpetrator (skin tone, hair color/length, body type, height, tattoos, etc.)

- Repeating use of words like “bad” or “dirty”
- Showing self-destructive behavior, self-mutilation or SIB
- Making inappropriate advances toward others
- Refusing to go to bed, not wanting to change into night clothes
- Beginning to have eating disorders

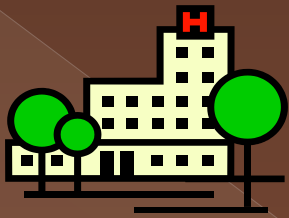
- Changes in social pattern, reluctance to attend usual places such as work, respite, social activities
- Unexplained accumulation of money or gifts
- Difficulty walking or sitting
- Direct or indirect disclosure or reporting
- Sexual act described or acted out



# Some Physical Signs and Symptoms: (RARELY observed!)

- Bruises around breasts or genital or anal areas
- Bite marks
- Abnormal bruising patterns
- Unexplained STDs or genital infections
- Unexplained vaginal or rectal bleeding
- Torn, stained, or bloody underclothing





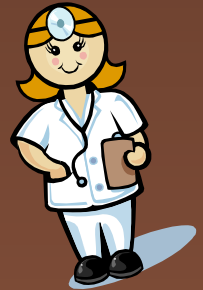
# WHEN TO DO WHAT?

once the possible incident is suspected

- FIRST, always believe a report -- do not discount or disregard; this could be revictimizing an already traumatized person
- Do not change clothes, clean up possible scene of crime, bathe or otherwise clean up the potential victim; if any of these have already been done, still take person for exam
- Bring along in a **BROWN PAPER BAG** any possible evidence (clothing, sheets, anything from scene of crime—may even be dirt or pine needles depending on the location of the incident)

**DO NOT USE PLASTIC BAG!**

**Identify a SEXUAL ASSAULT NURSE EXPERT (SANE) availability in community prior to possible incident if at all possible.**



- Take person in to a SANE for forensic exam as soon as possible, preferably within first 96 hours (but better late than never!)
  - This will vary from community to community: Harborview Sexual Assault Clinic, Emergency Departments, sexual assault clinics, etc.





## Waiting Room

- You may have to request SANE exam or may need to call ahead and request availability of SANE examiner
  - Emergency department doctors and other practitioners are generally not very well educated on sexual assault and do not spend adequate time or know what to look for; frequently they will discount the reports from a person with disabilities and unknowingly revictimize the possible victim

➤ Involve sexual assault advocate  
(SANE can help with this)

➤ Involve law enforcement  
(SANE can help with this)

➤ Potential victim may need to be interviewed separately from person bringing in, such as caregiver or relative

➤ Plan on spending from 4-6 hours for comprehensive exam



- Rape kit needs to be done  
(There is never a charge for this)



- Physical examination should be completed to rule out possible injury or other medical condition
- Medications should be offered to decrease chances of possible negative outcome (STDs, Hepatitis, pregnancy)

- If suspicion of drug being given for purpose of rape or sexual assault, collect first urine possible in clean container, seal, label and take to ED with person





# Miscellaneous Facts:

## Men/Males:

- Very rarely go for acute exam/treatment
- Tend to have more non-genital physical injuries
- Usually suffer greater violence
- More often assaulted by non-relatives
- Laws apply same as for females



# More Facts:

- Genital injuries are less common than bodily injuries
- Mucosal tissue heals very quickly and shows little to no scarring in most cases
- Bite marks can hold DNA for prolonged periods, therefore often providing excellent evidence



# WHO DOES IT?

- **90% KNOW perpetrator**
  - Most occur in their home
  - Others in household, including relatives
  - Caregiver
  - Paid staff
  - Contract workers
  - Other people with disabilities

**SEXUAL ASSAULT IS A CRIME!**

**SEXUAL ASSAULT OF A  
VULNERABLE PERSON  
IS A CRIME!**

And

**Must be reported to law enforcement  
as well as DSHS**

# Washington State Criminal Law

## Definitions:

**RAPE**: forced sexual penetration of vagina (defined as “outer labia to cervix”), oral, anal, digital, object

**ATTEMPTED RAPE**: incomplete attempt at forced penetration

**INDECENT LIBERTIES**: forced sexual contact (with breasts, buttocks, genital area)

**NONCONSENTING SEX**: unwanted sex while under the influence of alcohol or drugs and when **unable to give or withhold consent**

**CHILD RAPE**: non-forced sexual penetration when less than 16 years with a person more than five years older

**CHILD MOLESTATION**: non-forced sexual touching (of breasts, buttocks, or genital area) when less than 16 years by a person more than five years older

**Sexual abuse includes:**

**Consensual sexual contact when there is a significant age difference:**

**Victim is:**

12 years or younger

12-13 years

14-15 years

**Perpetrator is:**

24 months or more older

36 months or more older

48 months or more older

**REMEMBER!!!!**

**DO NO FURTHER HARM**

**DO NOT REVICTIMIZE**

**DO NOT MAKE JUDGMENTS**

**WE ARE NOT QUALIFIED TO MAKE**